

**Time Limits for Submission and Resubmission of Claims to HealthChoice
Managed Care Organizations and Their Behavioral Health Organizations
Information Provided by MCOs and BHOs**

<p>Amerigroup Submission of Claims: 180 days to submit clean claims.</p>
<p>Diamond Plan from Coventry (managed by United Behavioral Health) Submission of Claims:</p> <ul style="list-style-type: none"> • Participating providers, 180 days from the date of service. • No time limit for nonparticipating providers <p>Resubmission:</p> <ul style="list-style-type: none"> • Participating providers, 365 days, as long as no more than 18 months from the date of service. Timely filing is waived with retroactive authorizations and if the claim was denied incorrectly by UBH • Non-participating providers, 365 days, as long as no more than 18 months from the date of service
<p>Helix Family Choice (managed by United Behavioral Health) Submission of claims:</p> <ul style="list-style-type: none"> • Participating providers, 180 days from the date of service. • No time limit for nonparticipating providers <p>Resubmissions:</p> <ul style="list-style-type: none"> • Participating providers, 365 days, as long as no more than 18 months from the date of service. Timely filing is waived with retroactive authorizations and if the claim was denied incorrectly by UBH <p>Non-participating providers, 365 days, as long as no more than 18 months from the date of service.</p>
<p>Jai Medical Systems Submission of Claims:</p> <ul style="list-style-type: none"> • If Jai is primary insurance: 180 days from the date of service. • If Jai is secondary insurance: 180 days from the payment/denial from the primary insurance. <p>Resubmission: 180 days from the Explanation of Payment date to appeal the claim.</p>
<p>Maryland Physicians Care Submission of Claims: All encounter and claims must be submitted within 180 days of encounter. MPC, as a Medicaid MCO, is a payer of last resort. Bill the primary insurance first then submit the claim for the remainder to MPC with a copy of the primary carrier's EOB. Primary insurance's EOB must include explanation for any denied charges. If there are problems getting the claim paid correctly due to COB issues, contact your Provider Representative.</p> <p>Resubmission:</p> <ul style="list-style-type: none"> • To submit a corrected claim or missing attachment, return the claim, stamped "Resubmission" with requested change(s), corrected errors, and requested attachments to the claims address below, ATTN: "Resubmission" within 90 working days of the denial. Not clearly indicating "Resubmission" may result in further delays. • To appeal a claim denial, submit a letter of explanation, copy of remittance advice, MPC denial letter and other documentation relevant to the reason for the denial to the 509 Progress Drive Suite 117 Linthicum, Maryland 21090 address below, ATTN: "Grievance and Appeals Coordinator" within 90 working days of the receipt of a pre-authorization or claim denial.
<p>Priority Partners Submission of Claims: 180 days of the date of service. Resubmission: Administrative Appeals must be submitted within 90 working days of the date of the denial.</p>
<p>United HealthCare (Managed by United Behavioral Health) Submission of claims:</p> <ul style="list-style-type: none"> • Participating and nonparticipating providers, 180 days from the date of service. <p>Resubmissions:</p> <ul style="list-style-type: none"> • Participating providers, 365 days, as long as no more than 18 months from the date of service. Timely filing is waived with retroactive authorizations and if the claim was denied incorrectly by UBH • Non-participating providers, 365 days, as long as no more than 18 months from the date of service.